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FACSIMILE TRANSMISSION

May 12, 2008

TO : U.S. PATENT & TRADEMARK OFFICE

ATTN: Examiner Plucinski, Jamisue A.

FAX NO.: 571-273-8300

TELEPHONE:

FROM: Mehdi Sheikerz

RE: U.S. PATENT APPLICATION SERIAL NO. 10/056,089

ATTORNEY DOCKET: 1405.1056

NO. OF PAGES (Including this Cover Sheet) 11

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COMMENTS:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450

on May 12, 2008

By STAAS & HALSEY Mehdi Sheikerz

Date: May 12, 2008

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S&H Form: (09/07)

| | | |
|--------------------------------------|----------------------|----------------------------------|
| AMENDMENT FEE TRANSMITTAL | Attorney Docket No. | 1405.1056 |
| | Application Number | 10/058,089 |
| | Filing Date | January 28, 2002 |
| | First Named Inventor | Masahiko MURAKAMI et al. |
| | Group Art Unit | 3629 |
| AMOUNT ENCLOSED | \$120.00 | Examiner Name Jamisue A. Webb |

FEE CALCULATION (fees effective 09/30/07)

| CLAIMS AS AMENDED | Claims Remaining After Amendment | Highest Number Previously Paid For | Number Extra | Rate | Calculations |
|---|----------------------------------|------------------------------------|--------------|---------------|------------------|
| TOTAL CLAIMS | 23 | - 23 = | 0 | X \$ 50.00 = | \$ 0.00 |
| INDEPENDENT CLAIMS | 5 | - 5 = | 0 | X \$ 210.00 = | 0.00 |
| Since an Official Action set an <u>original</u> due date of <u>April 10, 2008</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)): | | | | | 120.00 |
| If Notice of Appeal is enclosed, add (\$510.00) | | | | | |
| If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00) | | | | | |
| Information Disclosure Statement (Rule 1.17(p)) (\$180.00) | | | | | |
| Total of above Calculations = | | | | | \$ 120.00 |
| Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28) | | | | | |
| TOTAL FEES DUE = | | | | | \$ 120.00 |
| (1) If entry (1) is less than entry (2), entry (3) is "0". | | | | | |
| (2) If entry (2) is less than 20, change entry (2) to "20". | | | | | |
| (4) If entry (4) is less than entry (5), entry (5) is "0". | | | | | |
| (5) If entry (5) is less than 3, change entry (5) to "3". | | | | | |

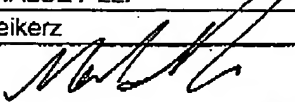
METHOD OF PAYMENT

- ☐ Check enclosed as payment.
- ☒ Charge "TOTAL FEES DUE" to the Deposit Account No. below.
- ☐ No payment is enclosed.

GENERAL AUTHORIZATION

- ☒ If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:
- Deposit Account No. 19-3935
- Deposit Account Name STAAS & HALSEY LLP
- ☒ The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.

SUBMITTED BY: STAAS & HALSEY LLP

| | | | |
|------------|---|----------|--------------|
| Typed Name | Mehdi D. Sheikerz | Reg. No. | 41,307 |
| Signature |  | Date | May 12, 2008 |

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By: Mehdi Sheikerz
Date: May 12, 2008